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## View BEAR Invoice

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Invoice ID: 2405259  
Created on 6/30/2016 3:16 PM  
Last updated on 6/30/2016 3:16 PM

Applicant Form Identifier 15\_7-6 FRN 2758581

### Block 1: Header Information

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1. Billed Entity Name	2. Billed Entity Number	3. Service Provider
MISSOURI TORAH INSTITUTE	16046562	Identification Number (SPIN)
		143024207

Applicant FCC Form 498 ID

4. Contact Name	Richard Senturia
5. Contact Telephone Phone	( 314 ) 854-1328
Contact Fax	( 314 ) 854-1329
Contact Email	erp@erateprogram.com

6. Total Reimbursement Amount  
(total from Block 2, Column 14)  
\$ 367.65

### Block 2: Line Item Information Per Funding Request Number

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7. FCC Form 471 Application Number  (from Funding Commitment Decision Letter)	8. Funding Request Number (FRN)  (from Funding Commitment Decision Letter)	9. Bill Frequency	10. Customer Billed Date	11. Shipping date to Customer or Last Day of Work Performed (mm/dd/yyyy)	12. Total (Undiscounted) Amount for Service	13. Discount Rate	14. Discount Amount Billed to USAC (Column 12 multiplied by Column 13)	Approval Status
1) 1016304	2758581		7/1/2015		\$ 1838.27	20	\$ 367.65	AWAITING CERTIFICATION

### Block 3: Billed Entity Certification

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#### Contact Information for Billed Entity Authorized Person:

By logging into your account using your PIN, checking this box, and clicking the "certify" button at the end of the form, you have electronically signed the form. You are reminded that an electronic signature is the same as a handwritten signature on the form. To see a copy of the Terms and Conditions to which you previously agreed, please click on the "Terms and Conditions" menu above.

Submission Date 6/30/2016

17. Name RICHARD SENTURIA  
18. Title/Position CONSULTANT  
20. Address 1 9666 OLIVE BLVD  
Address 2 SUITE 215  
City OLIVETTE  
State MO  
Zip Code 63132 -

19. Phone Number ( 314 ) 282-3676  
19a. Fax Number ( 314 ) 395-5882  
19b. Email erp@erateprogram.com  
19c. Name of Authorized eRate Program, LLC  
Person's Employer

OMB Number 3060 - 0856 Form 472

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Client Service Bureau: 1-888-203-8100

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## View BEAR Invoice

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Invoice ID: 2681759  
Created on 9/6/2017 5:14 PM  
Last updated on 9/8/2017 5:06 AM

Applicant Form Identifier 15\_7-6 FRN 2758581

### Block 1: Header Information

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1. Billed Entity Name      2. Billed Entity Number      3. Service Provider  
MISSOURI TORAH INSTITUTE 16046562      Identification Number (SPIN)  
143024207

Applicant FCC Form 498 ID  
443023185

4. Contact Name      Richard Senturia  
5. Contact Telephone Phone      ( 314 ) 282-3676  
Contact Fax      ( 314 ) 395-5882  
Contact Email      erp@erateprogram.com

6. Total Reimbursement Amount  
(total from Block 2, Column 14)  
\$ 448.85

### Block 2: Line Item Information Per Funding Request Number

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7. FCC Form 471 Application Number  (from Funding Commitment Decision Letter)	8. Funding Request Number (FRN)  (from Funding Commitment Decision Letter)	9. Bill Frequency	10. Customer Billed Date	11. Shipping date to Customer or Last Day of Work Performed (mm/dd/yyyy)	12. Total (Undiscounted) Amount for Service	13. Discount Rate	14. Discount Amount Billed to USAC (Column 12 multiplied by Column 13)	Approval Status
1) 1016304	2758581	MONTHLY	7/1/2015		\$ 119.96	20	\$ 23.99	COMPLETED
2) 1016304	2758581	MONTHLY	8/1/2015		\$ 214.92	20	\$ 42.98	COMPLETED
3) 1016304	2758581	MONTHLY	9/1/2015		\$ 214.92	20	\$ 42.98	COMPLETED
4) 1016304	2758581	MONTHLY	10/1/2015		\$ 214.92	20	\$ 42.98	COMPLETED
5) 1016304	2758581	MONTHLY	11/1/2015		\$ 179.93	20	\$ 35.99	COMPLETED
6) 1016304	2758581	MONTHLY	12/1/2015		\$ 179.93	20	\$ 35.99	COMPLETED
7) 1016304	2758581	MONTHLY	1/1/2016		\$ 179.93	20	\$ 35.99	COMPLETED
8) 1016304	2758581	MONTHLY	2/1/2016		\$ 179.93	20	\$ 35.99	COMPLETED
9) 1016304	2758581	MONTHLY	3/1/2016		\$ 179.93	20	\$ 35.99	COMPLETED

10)	1016304	2758581	MONTHLY	4/1/2016	\$ 179.93	20	\$ 35.99	COMPLETED
11)	1016304	2758581	MONTHLY	5/1/2016	\$ 179.93	20	\$ 35.99	COMPLETED
12)	1016304	2758581	MONTHLY	6/1/2016	\$ 219.93	20	\$ 43.99	COMPLETED

### **Block 3: Billed Entity Certification**

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#### **Contact Information for Billed Entity Authorized Person:**

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Submission Date 9/6/2017

17. Name RICHARD SENTURIA  
 18. Title/Position CONSULTANT  
 20. Address 1 9666 OLIVE BLVD  
 Address 2 SUITE 215  
 City OLIVETTE  
 State MO  
 Zip Code 63132 -

19. Phone Number ( 314 ) 282-3676  
 19a. Fax Number ( 314 ) 395-5882  
 19b. Email erp@erateprogram.com  
 19c. Name of Authorized Person's Employer eRate Program, LLC

OMB Number 3060 - 0856 Form 472

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